



# HITCHING POST CO-OP., INC.

32 Cheyenne Trail, Naples, Florida 34113

E-mail:hitchingpostcoopinc@gmail.com

Phone (239) 744-4525 Fax (239) 774-4680

Thank you for your interest in the Hitching Post.

All potential residents are required to complete:

1. Application for Residency for all persons intending to live here.
2. Sign consent for a Credit and Criminal background and submit the appropriate fee of \$100 for U.S. residents. Canadian residents will pay directly to Apply Check, the agency we use.

**Minimum credit score approved is 700 using our Credit reporting agency, Equifax.**

3. Supply copy of photo identification: either Driver's License or Passport. Canadian residents need 2 forms of ID.
4. Once your completed application and reports from the Credit agency have been completed, we will evaluate whether the required qualifications have been met.
5. If qualified, the office will schedule an interview for all applicants with Board members.
6. No person may reside at the Hitching Post Park without an approved application
7. Rules and Regulations of the Hitching Post are enclosed for you to read prior to your interview. Please bring any questions you have to the interview as you will be signing your application to say you have read and agree to abide by the Rules and Regulations.
8. The strict observance and adherence of these Rules and Regulations are required by all who own and/or reside in the Park, and also includes any guests at your home.
9. Lot Rental/Assessment fees are due and payable at the Park Office by the First day of each month. Up to 2 people are included in the base rental amount. No more than 3 total residents may be living in the home and there is an extra monthly charge added for a 3<sup>rd</sup> person.
10. The Hitching Post Park is designed, operated and maintained for the use, benefit, and quiet enjoyment of residents. We are a HUD community designed to meet the social and physical needs of persons 55 years and older. As such at least one person occupying each mobile home shall be fifty-five (55) years of age or older and any other occupants must be at least forty (40) years of age.

**Applications, fees, and documents are accepted at the Park office during regular business hours**



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## APPLICATION FOR RESIDENCY

**At Least One Applicant must be 55 years of Age and the other at least 40**

**APPLICATION FEE IS NON-REFUNDABLE: US Citizens \$100**

**ALL APPLICANTS MUST BE INTERVIEWED BY DIRECTORS PRIOR TO APPROVAL.**

In order to facilitate consideration of this application, I represent the following information is factual and correct and agree that any falsification, misrepresentation, or incomplete information in this application will justify disapproval. INITIAL(1)\_\_\_\_\_ (2)\_\_\_\_\_

DATE:\_\_\_\_\_

CURRENT OWNER NAME:\_\_\_\_\_

ADDRESS\_\_\_\_\_ LOT#\_\_\_\_\_

If applicant is moving in with a current resident or renting from a current owner, current resident or owner must sign that they approve:\_\_\_\_\_ Date\_\_\_\_\_

BUYER/NEW RESIDENT: NAME:\_\_\_\_\_

Birth Date:\_\_\_\_\_ Age\_\_\_\_\_

SOCIAL SECURITY # (1)\_\_\_\_\_

(2) SPOUSE OR OTHER OCCUPANT:NAME:\_\_\_\_\_

Birth Date:\_\_\_\_\_ Age\_\_\_\_\_

SOCIAL SECURITY # (2)\_\_\_\_\_

BUYER(S) PRESENT ADDRESS(S)

(1)\_\_\_\_\_ (2)\_\_\_\_\_

LIVED THERE HOW LONG?

(1)\_\_\_\_\_ (2)\_\_\_\_\_

LIST PREVIOUS ADDRESS IF LESS THAN 5 YEARS\_\_\_\_\_

(1) HOME PHONE #:\_\_\_\_\_ (1) CELL PHONE #\_\_\_\_\_

(2) HOME PHONE#:\_\_\_\_\_ (2) CELL PHONE #\_\_\_\_\_



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EMAILADDRESS(S)(1)\_\_\_\_\_ (2)\_\_\_\_\_

RETIRED? \_\_\_\_\_ EMPLOYED? \_\_\_\_\_ YEARLY SALARY: \_\_\_\_\_

EMPLOYER'S NAME AND PHONE NUMBER \_\_\_\_\_

Bank References: Account type(s) \_\_\_\_\_

Credit References: Bank Name (Examples: Mortgage, Loan, Credit Card) \_\_\_\_\_

Personal References, provide 2 (include full Name, Address and Phone #)

Cars/vehicles: (no more than carport can accommodate)

Make: \_\_\_\_\_ Yr. \_\_\_\_\_ Reg. # \_\_\_\_\_ State \_\_\_\_\_

Make: \_\_\_\_\_ Yr. \_\_\_\_\_ Reg. # \_\_\_\_\_ State \_\_\_\_\_

PETS: YES **No more than 2 Pets in the aggregate. No restricted breeds.** MUST SUPPLY PICTURE(S) OF PETS AND COPY OF PET PAPERWORK FROM VET INCLUDING CURRENT LICENSE, VACCINES BEFORE INTERVIEW IS SCHEDULED.

Dog (1) breed including any mixed breeds) \_\_\_\_\_ Weight \_\_\_\_\_

Dog (2) breed including any mixed breeds) \_\_\_\_\_ Weight \_\_\_\_\_

Copy license(s) provided : Yes \_\_\_\_\_ No \_\_\_\_\_ Vaccination Record \_\_\_\_\_

Cat (breed) Weight \_\_\_\_\_ Licenses # \_\_\_\_\_

Person(s) to NOTIFY in case of emergency:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_



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**I (We) hereby certify that I (we) have received and read the Hitching Post Co-Op Rules and Regulations and all requirements of the HITCHING POST CO-OP INC. and that I (we) agree to abide by the terms and conditions of the same. I (we) further agree to be responsible for any and all occupants and/or visitors and guests in our home for the fulfillment of these Rules and Regulations of said Park.**

SIGNED:

(1) \_\_\_\_\_ DATE: \_\_\_\_\_

(2) \_\_\_\_\_ DATE: \_\_\_\_\_

(1) Will you be a Full Time \_\_\_\_\_ or Seasonal \_\_\_\_\_ Resident?

(2) Will you be a Full Time \_\_\_\_\_ or Seasonal \_\_\_\_\_ Resident?

Best way to contact you? \_\_\_\_\_

Northern Address if not full time: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Driver's License # \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_

Co-Applicant's Driver's License# \_\_\_\_\_

**MUST BE PROVIDED WITH THE APPLICATION: COPIES OF LICENSE/PASSPORT and COPIES OF LAST THREE MONTH'S PAY STUBS/EARNINGS FOR EACH APPLICANT.**



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“I hereby authorize Hitching Post Co-Op, Inc. to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information. I understand the subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension, or collection with respect or in connection with the rental or lease of a residence for which this application was made. I hereby expressly release HITCHING POST CO-OP, Inc. and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand my application information may be provided to various local, state, an/or federal government agencies including without limitation, various law enforcement agencies.”

**NOTICE: The Rules and Regulations and Agreements governing Tenancy in the Hitching Post Co-Op, Inc. and the lease offered herewith are subject to Chapters 719 and 723 of the Florida State Statutes and to any applicable laws.**

Signed (1) \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signed (2) \_\_\_\_\_ Date \_\_\_\_\_

Print Name: \_\_\_\_\_



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## APPLICATION FOR RESIDENCY

**APPLICANTS' NAMES** \_\_\_\_\_

Application fee paid: \$ \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

Rent/Maintenance fee paid \$ \_\_\_\_\_ Date \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

Interview completed with Board members completed and attached. \_\_\_\_\_

**BOARD OF DIRECTORS: 4 BOARD SIGNATURES REQUIRED:**

ACCEPTED

DATE

REJECTED

DATE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ACCEPTANCE LETTER SENT (DATE) \_\_\_\_\_

REJECTION LETTER SENT (DATE) \_\_\_\_\_